

PYROTECHNIC OPERATOR'S LICENSE APPLICATION



ATTACH ACTUAL PHOTOGRAPH OR DIGITAL ORIGINAL
 (NOT XEROX COPY)

This application must be accompanied by a current digital photograph AND A COPY OF YOUR ANALYSIS AND RESULTS INDICATING A PASSING SCORE FOR THE REQUIRED EXAMS.

A pyrotechnic operator's license shall not be issued to any person who is under 21 years of age.

Any fraudulent representation on this application may be cause for denial, suspension, or revocation of a license.

LICENSE
Check one: <input type="checkbox"/> Pyrotechnic Operator <input type="checkbox"/> Pyrotechnic Special Effects Operator

**DO NOT SUBMIT THIS APPLICATION
 UNTIL ALL EXAMINATION
 REQUIREMENTS HAVE BEEN MET**

APPLICANT					
Last Name		First Name & Middle Name			Home Area Code & Telephone
Home Address		City	State	Zip Code	
Mailing Address (If different from above)		City	State	Zip Code	
E-mail Address			Web Site Address		
Parish of Residence		Driver's License # & State		Social Security #	Date of Birth
Weight	Height	Sex	Color of Hair		Color of Eyes
<i>Race (This information is used to conduct criminal background checks)</i>					
White	Black	Hispanic	Asian Pacific/Islander	American Indian/Alaskan	Other

NOTE

APPLICANT'S EMPLOYER			
Name of Firm			Area Code & Telephone
Address of Firm		City	State
			Zip Code

PUBLIC FIREWORKS DISPLAY EXPERIENCE *(to be completed by pyrotechnic operator applicants)*

List five permitted or licensed public displays using Fireworks 1.3G that you assisted in conducting in the State of Louisiana under the direct supervision of a pyrotechnic operator licensed in Louisiana. Written verification from the pyrotechnic operator is required.

Location	Date	Pyrotechnic Operator's Name	Pyrotechnic Operator's License #
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QUESTIONS

- 1** Do you hold a current license issued by the Louisiana State Fire Marshal? Yes No
- 2** Have you ever held a license issued by the Louisiana State Fire Marshal that is not shown in question 1 above? Yes No
- 3** Have you ever had a permit, license, or certificate of registration denied, suspended, or revoked by the Louisiana State Fire Marshal? Yes No
If yes, give details on a separate sheet & attach to this application.
- 4** Have you ever been convicted of a misdemeanor or a felony (including any pending adjudication) within the last ten years? Yes No
If yes, give details on a separate sheet & attach to this application.

RESIDENCE DURING THE PAST TEN YEARS ATTACH ADDITIONAL SHEETS IF NECESSARY

State, including Louisiana, or foreign country	Approximate dates (11/95-6/96, for example)

another note....

SIGNATURES

In applying for a pyrotechnic operator's license, I certify that I will comply with Louisiana State Revised Statute 51:650-660, and the Fireworks Rules. I know of no reason why I should be denied a license. By my signature, I verify that the information on this application and any attachments is true, and I authorize the Louisiana State Fire Marshal's Office to perform a criminal history background check.

ORIGINAL SIGNATURE OF INDIVIDUAL APPLICANT	DATE
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This completed application should be mailed to the:

Office of State Fire Marshal
 ATTN: Fireworks
 8181 Independence Blvd
 Baton Rouge, LA 70806

Phone: 1-800-256-5452
 Fax: 1-225-925-3813